



HAWAII STATE ETHICS COMMISSION ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

REI	PORT YEAR: 2013	Amended Statem	ent		
For	Lobbying Reporting Period: January	y 1 - last day of February	March 1 - April 30	MAY May	23 P2:42 1 - December 31
OR	GANIZATION INFORMATION			- 7 4 70 00	5.5.44.44.4
Ou	trigger Enterprises Group	Max	Max J. S. STATE OF HAWAII		
_	anization Name		Contact Person		
23	75 Kuhio Ave				
Mai	ling Address (Number and Street or P.	O. Box)			
Нο	nolulu		HI		96815
City			State		Zip Code
(80	98) 921-6606	max.sword	l@outrigger.com		
Tele	ephone Extension	Email Address			
PAF	RT I. TOTAL EXPENDITURES			_	
1	Preparation & Distribution of Lobb	ving Matariala		4	Total Amount
_	Media Advertising				
2	Postage—————				
3 4	Compensation Paid to Lobbyists (
_	List the names of all lobbyists and compens				
	Lobbyist Name		Compensation Paid		
				00.00	
	B. Max J Sword		в11,0	00.00	
	C		C		
	D		_ D		
	E		E		
	F		_ F	<u>-</u>	
	G. Total from Additional Attached Shee	et(s)	G		
	Add lines A through G	VI-6	Total Compensation	Paid ► 4	13,000.00
5	Fees Paid to Consultants (other th	an to Lobbyists)		5	
6	Entertainment & Events			6	
7	Receptions, Meals, Food & Bevera	ages		7	930.00
8	Gifts			8	
9	Loans			9	
10	Other Disbursements			10	
	Add lines 1 through 10		Total Expend	itures ▶	13,930.00

calendar day was made and amou	nt or value of expenditures.		um or \$25 or more in any single
Name & Address	Amount or Value		
Check here if addition	nal sheets are attached		
	URES OF \$150 OR MORE F with respect to whom expenditures to revalue of expenditures.	PER PERSON for the purpose of lobbying in the aggree	gate of \$150 or more was made during
Name & Address			Amount or Value
	· · · · · · · · · · · · · · · · · · ·		
		·	
	·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Check here if addition	nal sheets are attached		
PART II. CONTRIBUTIONS	S RECEIVED	····	
	making contributions to the filer for p	ourposes of lobbying in the total sum of	\$25 or more during the statement period
Name & Address			Amount or Value
	-		
·-		- "	
		. 1000-1	
Check here if addition	nal sheets are attached		
PART III. SUBJECT AREA Legislative and/or administrative ac		orted or opposed during the statement p	period:
Agriculture	Education	Human Services	Science, Technology &
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations,	Economic Development Tourism & Recreation
Consumer Protection &	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & Water Use Management	Other (indicate below):
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
AUTHORIZED PERSON	20 -		
W David Carey III	MA Camell	President & CEO	5/21/13
Print Name of Authorized P	erson (First M.I. Last)	Title	Date (m/d/yyyy)
CERTIFICATION: By chec	cking this box, you signify and affir contained in the form is true, corre	m that you are the person whose nar ct and complete to the best of your kn or failing to report the information requ	nowledge and belief. You further

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

FORM ORG (Revised 5/2013)